

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/24/2023

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Introduce your Quality Improvement Plan (QIP) with a brief overview of your areas of focus and quality improvement initiatives that you think a member of the public would like to know about. We are interested in hearing about what is important to you. You may wish to include a description of how you are working to improve care within your organization or an achievement your organization is most proud of. Tell us about your corporate strategy and how QIP reporting aligns with your strategic plan. This opening paragraph will set the context for what you will be working toward through your QIP.

Recommended length: 250 words.

About St. Thomas Elgin General Hospital

St. Thomas Elgin General Hospital (STEGH) is dedicated to delivering health care excellence to the City of St. Thomas and all seven municipalities within the County of Elgin. STEGH has a proud history and legacy in the community with over 65 years of service. A fully accredited hospital, we offer a full range of services, including: outpatient care, diagnostic imaging, inpatient acute care, obstetrics, emergency services, post-acute care, and regional satellite services. To achieve the best possible health outcomes for our patients we continually seek innovative ways to deliver services, engage our patients and community, invest in our people, and collaborate with our health care partners.

More than 1,000 employees work at STEGH, including over 200 credentialed professional staff (physicians, dentists, and midwives) who provide in-hospital care ensuring the highest quality of service delivery to every patient that walks through the door. STEGH is also supported by 70 active volunteers as well as students who come from colleges and universities to complete their educational requirements.

Defining and Aligning our Quality Initiatives

STEGH's board of directors and executive team are very excited about the implementation of the 2023/24 Quality Improvement Plan (QIP) which aligns intently with the organization's strategic directions. STEGH's Strategic Plan is designed to serve as a road map which guides the organization's work to improve health care for patients and the community. As such, the 2023/24 QIP will continue to compliment the deliverables outlined in the four strategic directions which are:

- Partnering with patients to enhance their care experiences
- Creating collaborative networks to connect patients to the services they need
- Empowering our team to reach their full potential
- Achieving operational excellence to ensure quality and sustainability

The 2023/24 QIP complements and supports the work that has been strategically planned for partnering with patients over the next year.

In collaboration with Patient Partners, STEGH will be reviewing and enhancing its patient discharge information and process to ensure that it is patient centred and provides information which is valuable to the patient helping them to understand their healthcare journey and increasing their awareness of the community resources available to them. This work will be measured by tracking patient experience data which addresses the question, *When you left the hospital, did the hospital staff make sure you knew what would happen next with your care?* This metric is attached to the Patient Safety and Quality scorecard and is reviewed on a monthly basis by the Quality and Safety Committee of the Board.

This year's QIP will also continue to focus on the percentage of discharged patients for whom medication reconciliation was completed at the time of discharge with a target of 90%. In addition to this quality indicator, STEGH has added a custom indicator to the 2023/24 QIP that addresses medication reconciliation on admission. Patients admitted to hospital via the Emergency Department (ED) will have their admission medication

reconciliation completed by the most appropriate prescriber. Since this is a new indicator, the organization will begin by collecting baseline data for performance in this area in order to determine a realistic target for future admission medication reconciliation performance.

Patient/client/resident engagement and partnering

Describe how you have co-designed initiatives related to QIPs with diverse representation from patients/clients/residents. Please provide 1 to 2 examples of these initiatives, including how you gathered and incorporated experience feedback from patients/clients/residents and caregivers.

Co-design means involving the patients in the design process and working with them to understand their met and unmet needs.

An Indigenous Lens on Healthcare

As part of STEGH's ongoing strategic work on partnering with patients to enhance their care experiences, the organization has identified a key priority as incorporating the voices of Indigenous patient partners into co-design work within the patient partner program, which will aim to improve equity, diversity and inclusion.

In response to patient feedback data obtained during the 2022/23 period, STEGH implemented a co-design activity which addressed Indigenous healing practices in the form of a smudging policy. STEGH recognizes the importance of the traditional use of sacred medicine plants in smudging as being integral to a spiritual and cultural patient experience. In keeping with cultural rituals and traditions, spiritual ceremonies involving smudging may be conducted in a number of approved locations including the patient's bedside during their hospital stay. Patient involvement in this co-design activity was provided by a patient during his hospital stay which proved to be essential in the success of this policy development and implementation at the hospital.

STEGH also completed a co-design initiative that targeted physician and pharmacist education pertaining to the non-insured health benefits for Indigenous communities, which covers prescription and over the counter medications. STEGH has built a strong relationship with partners at the Southwest Ontario Aboriginal Health Access Centre (SOAHAC), who have helped guide and inform the hospital on the prescribing needs of the community. As part of this work, members of SOAHAC have delivered organization-wide education sessions to provide an Indigenous lens on healthcare. This education was initially open to all staff, and has now been incorporated into mandatory education for onboarding physicians and pharmacists at the hospital.

STEGH has made a commitment for the 2023/24 period to carry out 100% completion of three co-design activities that include the voices and perspectives of Indigenous patient partners based on the recommendations provided by the Truth and Reconciliation Commission of Canada by March 31, 2024.

Determining what recommendations will be addressed as part of these co-design activities will take place over April 2023 in consultation with Indigenous community members.

Provider experience

Our consultations revealed a significant concern with health care providers' (regulated and unregulated) experiences in the current environment (e.g., burnout related to decreased staffing levels). In this section, please describe your organization's experience with these challenges and the ways you are supporting health care workers. How do you engage health care workers in identifying opportunities for improvement?

In April 2022, 734 of over 900 active staff responded to STEGH's annual Employee Engagement survey, equating to 80% of staff survey completion. The top strengths identified as part of the employee experience survey were:

- 90.4% agree - My team provides top quality patient care or other services
- 89.5% agree - I would recommend STEGH to family and friends who require care
- 91.4% agree - I understand what is expected of me in my job

The Employee Engagement survey asked staff about level of burnout and stress being experienced in the workplace, which identified opportunities for the organization to address this issue.

The information obtained from the Employee Engagement survey was incorporated into a goal for the 2022/23 period under STEGH's strategic plan for empowering our team to reach their full potential. The 2022/23 annual objective tied to this strategic goal was to increase the number of staff wellness events to ensure a minimum of 50 offerings each month. STEGH exceeded this goal significantly by completing a total of over 3,000 staff wellness activities since April 2022. These activities include stretching, mindfulness, pet therapy, relaxation, active walking, yoga and weigh-in body measurement sessions, all provided at various times of the day so all staff have the opportunity to attend.

These activities are organized through STEGH's established Wellness Program, which is coordinated by STEGH's fulltime Learning and Wellness Consultant. This individual offers expertise in a variety of areas such as resilience coaching, leadership development, personal development, conflict and communication strategies, wellness resources and issues with team dynamics. The program also offers on-site staff counselling services related to COVID stress, work/life balance, depression, anxiety, relationship issues, parenting challenges, grief and loss, and change/transitions. This service is provided weekly by the wellness team's clinical social worker and psychotherapist. Faith-based support is also offered across the organization to encourage staff to see ways in which faith can bring hope, joy and fulfilment.

Workplace Violence Prevention

A health system with a culture of quality creates the conditions for staff to thrive, and ensuring their safety is one element of this. By addressing violence and incivility in our organizations, we will be creating safer environments for our workers and improving patient care. Describe how workplace violence prevention is a priority for your organization. For example, how is it reflected in your strategic plan, how is it measured, do you report on it to your board, and have you made significant investments to improve in this area? What are you planning to do differently this year? When providers are involved in a workplace violence incident, what mechanisms are in place to ensure they receive support, resources, and follow-up?

Workplace Violence Prevention

Empowering our teams to reach their full potential is a pillar of STEGH's strategic plan. Workplace violence prevention has long been a priority at STEGH. Knowing that this issue is a complex hazard that requires a multifaceted approach to address, STEGH established a multidisciplinary Workplace Violence Prevention Committee in April 2019. This committee meets monthly to discuss isolated incidences of workplace violence, trends and case reviews. At this committee, violence prevention recommendations are put forward to organizational leaders with this work and information sharing intersecting with the Joint Health and Safety Committee (JHSC). Committee membership consists of hospital workers from both clinical and non-clinical settings, hospital leadership and union representatives. This committee has been valuably serving the organization as an advisory group that provides input and insight on topics such as crisis intervention training, restraint training, and employee survey responses to violence.

Keeping our Hospital Safe

In collaboration with point of care staff, specific area leadership, security and the JHSC, STEGH has enhanced its patient search process for admitted patients in the ED being transferred to the mental health unit. The enhancement to STEGH's search of patients and their belongings process was actioned following specific safety incidences and reported trends that had been occurring in the ED and mental health area where contraband items had been brought into the hospital posing a safety risk to staff.

As part of this policy enhancement and in consultation with our local police partners, hand held metal detectors were introduced as a complimentary tool to assist with searching of patients when required in the ED and mental health unit.

A significant amount of work as also been completed on STEGH's Code White policy to ensure that the appropriate supports are provided to our front line staff following an event that required the initiation of a Code White. This policy articulates a standardized approach to carrying out an assessment for staff wellness checks, scheduling process debriefs, and access to wellness supports for staff following a violent event at any time of the day or week. In addition to this work, a separate Incident Debrief Policy has been developed at the hospital to create a standardized approach to supporting the psychosocial wellbeing of staff following any stressful code situation.

STEGH has also solidified its partnership with the Paladin Security team who provide weekly hands on training for staff in the ED to demonstrate correct techniques for patient searching, utilizing the hand held metal detectors and the application of restraints, should they be required.

The number of workplace violence incidences reported by employees is included in the current QIP and will also be part of STEGH's 2023/24 QIP submission.

Currently, this QIP indicator is tracked on the monthly patient safety and quality scorecard as a monitoring indicator and is reported to board members on a monthly basis.

In October 2022, STEGH installed a Declaration of Patient and Family Values and Patient Code of Conduct at each hospital entrance. These documents were created in response to safety concerns expressed by staff. Feedback obtained through STEGH's internal reporting mechanism and Employee Engagement survey articulated that the organization needed to have guidelines posted that outline acceptable patient and visitor behaviour. The Workplace Violence Prevention Committee, worked with Patient Experience and Communications to develop these visuals. The development process also included collaboration with patient partners, who put their seal of approval on the final version.

The work that will be involved in STEGH's 2023/24 QIP addresses customizing STEGH's adverse event system reporting software to allow the organization to collect, analyze, evaluate and share key patient safety data with team members. This enhancement to the current reporting methods will include developing key data points required for improvement and violence mitigation purposes, streamline the employee submission process and allow for clear reporting of employee violence and safety incidents.

Trends and incidences regarding employee violence and safety will continue to flow to hospital board members through its governance structure with this information being presented at the Human Resources Committee of the board.

Patient safety

To help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, explain what processes are in place at your organization to learn from patient safety incidents? How do you share learnings back to team members and patients/residents/families to prevent future recurrences?

For continued support in relation to the patient safety question in your narrative section, please email QualityandPatientSafety@ontariohealth.ca to join the new online patient safety community of practice. Members will have the opportunity to come together with peers across all health sectors to discuss improvement opportunities and share learnings from patient safety-related incidents.

For over a decade STEGH has been on a journey of continuous quality improvement with a LEAN methodology approach. To support this work, STEGH has a dedicated office that supports both clinical and corporate continuous improvement (CI) efforts. The organization recognizes and strives towards the never ending pursuit of identifying and eliminating waste in small, incremental steps at minimal cost at every level within the organization. At the start of the 2022/23, STEGH set a lofty goal of completing 890 CI initiatives through its LEAN lens on quality improvement. By encouraging all staff to continue to look for incremental improvements in their processes and activities that positively impact both patient and staff experiences, the hospital has exceeded this target by implementing 946 CI initiatives throughout the building.

As part of this work, specific projects are selected for presentation at STEGH's monthly Kaizen report out. Kaizen is a Japanese word and is based on the principles of teamwork, customer focus, problem-solving, and innovation. It encourages employees to suggest and implement ideas, and to learn from mistakes and feedback. The selected improvement initiatives are short-term improvement projects designed to accomplish significant results in process quality issues that have been implemented in various areas of the hospital. These events are open to all leaders, staff, physicians and volunteers and are regularly attended by members of the board of directors. It is an opportunity for the organization to gather and learn about the positive impact the hospital teams are making at the point of care and celebrating their work.

Once a month the Chief of Hospital Medicine holds Mortality and Morbidity rounds in an effort to drive improved quality of care and patient safety by sharing experiences, patient outcomes and near misses in a lessons learned format. All physicians, clinical staff and leaders are encouraged to attend in order to learn from selected patient cases helping to identify cognitive biases that may have contributed to the outcome as well as system issues that need addressing.

As a standing agenda item at the monthly Safety and Quality Committee meeting, a selected patient safety story is presented to committee members. This story provides context to the particular safety concern identified, how it impacted the patient and what quality improvements have been implemented to mitigate the risk of a similar event occurring in the future. This provides opportunity for committee members to ask questions about the event and generate discussion around the topic of patient safety. For 2023/24, this agenda item is going to be expanded to incorporate a wider variety of quality improvement initiatives that have been generated by point of care staff that have positively impacted patient experience, quality and safety.

Included in the 2023/24 QIP is the tracking of patient never events as per the Canadian Patient Safety Institute. For many years, STEGH has ensured that it tracks never events on the monthly Patient Safety and Quality Scorecard and addresses this metric with the Patient Safety and Quality Committee of the Board. Through STEGH's collaboration with the Office of the Auditor General of Ontario, STEGH has formally identified a target of zero never events for the 2023/24 period and will work with the Ministry of Health on developing reporting mechanisms as required.

Health equity

We are seeking to understand how organizations are recognizing and reducing disparities of health outcomes, access, and experiences of diverse populations, including Indigenous Peoples; Black, racialized, and 2SLGBTQIA+ communities; Francophone populations; high-priority populations; and older adults in their quality improvement efforts. How is your organization working to promote health equity? Describe how your organization is collecting sociodemographic data, including race-based data. Where possible, please provide examples of how your organization has implemented a strategy that focuses on non-medical social needs, such as those related to culture/cultural barriers, income, food security, housing, health literacy, and social connection.

Diversity, Equity and Inclusion

Improving diversity, equity and inclusion has been a priority at STEGH over the last year. As part of the organization's strategic plan, operational changes that aim to support and advance an inclusive culture and gender equity at STEGH are already in motion.

In the spring of 2023, STEGH will update signage on 88 single stall washroom across the organization to reflect a more gender-inclusive appearance. The signage will reflect what is in the washroom, rather than a gender. Gender-inclusive washrooms do not just benefit trans- and gender nonconforming people. They also make life easier for parents with children of different genders and caregivers of elderly people or people with disabilities whose gender is not the same as their own. This work is supported by the Advancing an Inclusive Culture committee, leadership, and the building services team.

Equity through Education

Last year, STEGH obtained 30 licenses of Indigenous Cultural Safety training through the Public Services Health and Safety Association (PSHA). Over the past several years, the organization has trained over 140 members of its workforce, works towards 100% of leaders being trained and this education will continue over the next year.

STEGH has also launched three mandated online training modules this year that provide education to staff, physicians, leaders and board members on Diversity, Equity and Inclusion, Unconscious Bias, and Microaggressions. STEGH's year-end goal of 90 % employee completion for all three modules will be achieved by the end of March 2023.

Expanding Elder Care

Another of STEGH's strategic priorities is Achieving Operational Excellence, which drives the organization to focus on quality and sustainability. In September 2022, as part of this work, STEGH committed to expanding its existing elder care nurse practitioner program with the senior friendly framework indicators to make improvements to the patient experience for the elderly population. As such, an Inpatient Nurse Practitioner Elder Care Outreach Program was initiated to help identify senior patients who have complex care needs and complexities across the hospital. The Elder Care Nurse Practitioner receives an automatic electronic referral following a nursing admission assessment for any patient over the age of 75 who has been determined as requiring enhanced care interventions.

Executive Compensation

Please describe how you have connected executive compensation to the priorities in your QIP, with special consideration for the priority QIP indicators. For guidance on how to complete performance-based compensation, please review [Performance-Based Compensation and the Quality Improvement Plan](#)

Under the Excellent Care for All Act (ECFAA) legislation, hospitals are required to link Senior Leadership compensation to the achievement of performance improvement targets. The STEGH Senior Leadership Team is held accountable for achieving targets that are laid out in STEGH's QIP. The percentage of salary at risk for each individual executive has been set at 5% of base salary.

For the 2023/24 STEGH QIP, the pay at risk compensation is being applied to five Indicators (see below).

QIP - 2023-24 Proposal		
Indicator	Target	Initiative
Percentage of respondents who responded “completely” to the following question: When you left the hospital, did the hospital staff make sure you knew what would happen next with your care?	>= 90%	In collaboration with Patient Partner(s), review and update the Patient Discharge Profile to ensure the document is patient centred and contains information valuable to the patient, and enhances their understanding of their healthcare journey and awareness of community resources available to them.
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	>= 90%	Continue onboarding education with providers and residents. Weekly monitoring of percentage of completed medication reconciliation at discharge via emailed report.
Medication reconciliation at admission: Total number of admitted patients for whom a Best Possible Medication Admission Plan was created as a proportion the total number of patients admitted.	Collecting Baseline Data	Patients admitted to hospital via the Emergency Department (ED) will have their admission medication reconciliation completed by the most appropriate prescriber. The admission medication reconciliation process will be amended to clarify accountabilities of Emergency Department Physicians and the Most Responsible Physician (MRP).
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	Collecting Baseline Data	<p>Customize the RL6 reporting software to allow the organization to collect, analyze, evaluate and share key patient and staff safety data with team members.</p> <p>The RL6 submission forms will be customized to include key data points required for improvement purposes, streamline the staff submission process and allow for streamlined reporting of employee and patient safety incidents. Associated policies, procedures and learning documents will be updated to align with all changes.</p>
Number of never events reported by the hospital within a 12 month period.	0	<p>Customize the RL6 reporting software to allow the organization to collect, analyze, evaluate and share key patient safety data with team members.</p> <p>The RL6 submission forms will be customized to include key data points required for improvement purposes, streamline the staff submission process and allow for streamlined reporting of patient safety incidents. Associated policies, procedures and learning documents will be updated to align with all changes.</p>

Contact Information

You can opt to include your contact information or the designated lead for your QIP so that other organizations can connect with you after your QIP is posted publicly.



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Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair  (signature)
Board Quality Committee Chair  (signature)
Chief Executive Officer  (signature)
Other leadership as appropriate  (signature)